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LETTER TO THE MANAGERS

12/76

OF THE

GLASGOW ROYAL INFIRMARY,

ON CERTAIN PROPOSED ALTERATIONS

ON THE

MEDICAL ORGANIZATION OF THE INSTITUTION.

By JOHN GIBSON FLEMING, M.D.,

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TO THE MANAGERS OF THE
GLASGOW ROYAL INFIRMARY.

MY LORD PROVOST AND GENTLEMEN,

At the meeting of Managers held in August last, and immediately after the annual election of the medical officers, I submitted the following proposals, which were seconded by Mr. M'Ewen, Lord Dean of Guild :—

1.—That the Physicians and Surgeons shall be elected annually, being eligible for re-election during the pleasure of the Managers.

2.—That any of the Physicians or Surgeons may give Clinical lectures, subject to such conditions as may from time to time be laid down by the Managers.

3.—That the ordinary medical staff of the Infirmary shall consist of five Physicians and five Surgeons; that four of the Physicians and four of the Surgeons shall each receive a salary of £50; that the last elected Physician and Surgeon shall not receive any salary.

4.—That the hour of visit shall be two o'clock.

According to the rules of the Institution, these proposals came up for consideration at the quarterly meeting in November, but as time did not permit the important questions involved to be then fully discussed, the further consideration of the subject was adjourned. On account of the multiplicity of business which falls to be transacted at the end of the year, it has been found convenient to delay re-opening the question till the February meeting. Under these circumstances it cannot be expected that the remarks I made, explanatory of my reasons for bringing forward these important proposals, should still be fresh in the memories of those

of your number who were present; and as several members of the Board were absent, and some new Managers have since been elected, I think it expedient to take this method of laying before you the grounds on which I propose these alterations on the medical organization of the Infirmary.

The first proposal is, *that the Physicians and Surgeons shall be elected annually, being eligible for re-election during the pleasure of the Managers.* The object is to do away with the rule which enacts imperatively a year of ineligibility at the end of eight years' service. Before entering on my reasons for proposing this important change on the present terms of the election of the medical officers, it may be interesting and instructive to mention some of the movements of a similar nature which have taken place in the history of the Infirmary, premising that for many years after its institution the appointments were strictly annual, and the period for which each surgeon officiated in the wards continuously was three months. So long ago as 1807 the Managers passed resolutions in favour of greatly extending the term of service. Again in 1835 a large extension seems to have taken place, as in the report for that year the following passage occurs:—

“The Managers beg leave to express their satisfaction that the subject has been brought before them, and they venture to state their full conviction that an extension of the period of the service in the Infirmary, both medical and surgical, would materially tend to the improvement of the profession, and to the advantage of the medical school of Glasgow; and, what is of paramount importance in our view, would contribute to a more skilful and efficacious treatment of the diseased poor who find admission into our wards.”

In 1850 it was referred to a committee to investigate the same subject, which committee urged the extension of the period of attendance of both Physicians and Surgeons from four years, as it then stood, to twelve years. In 1857 the duration of appointment again obtained the deliberate and anxious investigation of a committee, which recommended “that there should be two Clinical

“Physicians and two Clinical Surgeons; that they should be appointed for ten years, and be eligible for re-election at the expiry of their term of office as often as the Directors may think fit.” These Physicians and Surgeons were alone to deliver Clinical lectures. This committee further recommended “that there should be two ordinary Physicians and two ordinary Surgeons, who should attend to the patients not under the care of the Clinical Physicians and Surgeons. That they should hold their appointments for six years, and be eligible for re-election at the expiry of this term of office as often as the Directors may see fit.” This report was signed by Dr. Allen Thomson, Dr. John Macfarlane, Dr. J. M. Pagan, Dr. A. D. Anderson, and Dr. J. G. Fleming. The opinions of those with whom I was then associated ought, quite independently of my own, to carry great weight and authority in the decision of this question. The late Dr. Robert Hunter was the only member of the committee who declined to subscribe the report.

It would be fruitless to enter here into the various reasons why the recommendations in these reports were only partially adopted. Reference has been made to them to show you that the questions involved in the proposals have been often agitated; and as affording additional testimony to the opinion that there are certain defects in the rules referring to the election and term of office of the medical staff, and in the system of Clinical instruction, which tend to act prejudicially on the Infirmary, both as a charitable institution, and as a part of the medical school of Glasgow.

By the present rules of the Infirmary “the ordinary medical staff of the hospital consists of four Physicians and four Surgeons, who are elected (subject to the fundamental rules of the Charter) for a period of four years, and are eligible for four years further; but at the end of eight years’ service they are ineligible for one year.” The working of this system is, that though a Physician or Surgeon who has served for eight years is formally ineligible for only one year, several years often elapse before a vacancy occurs which admits of his re-appointment. As illustrative of this I may mention that the

last occasion on which a Physician fell out by rotation was in 1868, and no vacancy in ordinary course will take place for which he is eligible till 1871; the last surgical vacancy was in 1869, the next will not take place till 1874; while in the medical department of the Dispensary there will be no vacancy till 1876, and in the surgical none till 1875. It is thus evident that, however eminent any of the out-going Physicians or Surgeons may be, however devoted to the cultivation of science, however ambitious of continuing to hold an Hospital appointment, and however desirous you may be of retaining their services, it often occurs under the present system that you are for years effectually debarred from availing yourselves of these services.

* The duties of an Hospital Physician or Surgeon are onerous and difficult: to become proficient in them, and also apt at Clinical teaching, require, in the opinion of the highest and most experienced authorities, a long and unbroken Hospital experience. As a rule, the members of the medical profession who have advanced practical science, who have held the highest reputations as Physicians or Surgeons, and commanded the confidence of the public, have held life Hospital appointments. It stands to reason, is indisputable, that in a progressive science like medicine, the greater the experience and means of observation, the more will be achieved by the individual. The effect of our system has been to exclude after a short term of office many of our best men, who, after serving for a few years, were turned out at the very time when the value of their services had been greatly enhanced by their experience. This interruption to their Hospital services lessened their interest in the Institution, forced them into new and different spheres of professional life, so that when a vacancy did occur to which they were eligible, they did not find it for their interest to break up their new arrangements, and engage in an unpleasant, and to them undignified, canvass of the Managers; consequently the appointments fell to younger and untried men. They were thus excluded from offices which they coveted, as enabling them to advance medical science, the fame of our Medical School, and their own professional reputation.

By the present insecurity of tenure, there can be no doubt that your Physicians and Surgeons do not make their Hospital duties of primary importance, nor can it be expected that they will do so. Attendance on the patients in an Infirmary, combined with methodical Clinical teaching, to be performed effectually and successfully, is, in my opinion, incompatible with extensive private practice as a *general practitioner*. Even as regards the time required for each, an assiduous devotion to one of these professional avocations must necessitate a perfunctory performance of the other. A Physician or Surgeon to an Hospital at the seat of a great medical school like ours, ought to place his Hospital duties among the most important of his life, and should arrange his time and professional prospects accordingly. No one can be expected to do this, unless he has some security that his Hospital appointment will be sufficiently long and uninterrupted to enable him at no distant period to gain a reputation in the practice of medicine or of surgery, or in some special class of diseases, which will make him sought after and remunerated by the public. That the members of the medical profession in Glasgow are possessed of as good talents, are as well educated, as enthusiastic in the cultivation of their profession, as their brethren in any city of the world, must be admitted by all. How is it then that the reputation of most of our Hospital Physicians and Surgeons has been only local? What is it that has prevented all but a few of them from attaining to distinguished fame? I answer unhesitatingly, want of opportunity. With such a system as ours, Baillie, Gregory, Bright, Todd, Graves, and Trousseau; Pott, Abernethy, Cooper, Brodie, and Dupuytren, (I name only a few of the dead,) would have remained in comparative obscurity, and the world would have been deprived of the benefit of their labours and discoveries. We owe to the uninterrupted appointment which the late Dr. Mackenzie held at our Eye Infirmary the admirable works he produced on the physiology and diseases of the eye, the renown he achieved for our Medical School in Ophthalmic science, and his own world-wide fame.

Much weight is attached to the argument, and it is a specious one, that by abrogating the law which exacts a year of ineligibility, you would keep out deserving men, and make the appointments too exclusive. To this I reply, why put out well-trying, highly experienced, and efficient hospital medical attendants, to make room for the young and untried? Who would ever think of deposing an able and erudite judge, a distinguished and successful professor, a popular and useful clergyman, because some young aspirants were ambitious of their offices? Experience of the past indisputably proves that the younger members of our profession need have no fear that numerous vacancies will not occur in the ordinary course of events. With ten or twelve ward appointments in our Infirmary, say six in the Hospital at the new College, and those connected with the various institutions for special diseases throughout the city, to say nothing of the numerous Dispensary appointments, I am pretty confident that there will be as many places as there are likely to be aspirants; there need therefore be no fear of the Hospital appointments in this great city being monopolised by a few.

I have thus endeavoured to show the result of the present system as affecting the Physicians and Surgeons of the Infirmary, and through them the Medical School of Glasgow; and the question now remains, how does it affect the Hospital as a public Charity? This is doubtless the view of the question in which you, as guardians of the sick poor, are more immediately interested. If I have succeeded in showing that the regulation at present in force operates in preventing the medical attendants from attaining the first rank of eminence in their profession, then it follows, as a necessary consequence, that it must to the very same degree have a prejudicial influence on their usefulness to the Infirmary as a public Charity. It is clearly the duty of the managing body of a public Hospital to appoint for the various offices not only good men, but the very best men they can find; and any law which so limits their choice as to oblige them to turn out a thoroughly efficient and highly experienced man, and fill his place with one even in any degree inferior, must be essentially bad, and should be repealed.

For it must never be forgotten that the introduction of comparatively inexperienced medical officers necessarily implies that the acquisition of further experience and skill must be made at the expense of the patients; and is it not inflicting on these patients a positive injustice to commit them to the care of a young and untried practitioner, provided you have it in your power to continue a long tried and efficient one? By prolonging indefinitely the tenure of office of your medical staff, you secure for your Institution every fresh acquisition of their continually accumulating knowledge, skill, and experience: every gain of theirs is a gain for the sick poor. And since the present system operates as a barrier to prevent you from availing yourselves of that very experience which had been gained in your own service, I hold that it is prejudicial to the best interests of the Hospital.

It is argued that if you do away with the period of ineligibility the appointments will in all cases be for life, and that thus you will have aged and incompetent men holding office. It is to obviate this objection that I have proposed the Physicians and Surgeons be elected annually. The fact of the appointments being annual would effectually prevent them drifting into this position. Besides, the popular constitution of the Board of Managers would ensure that no such abuse would be tolerated. Hitherto you have never been wanting in moral courage in the performance of your duties to the Hospital and the public, even when these duties were of a painful nature. To provide a motive for voluntary retirement in the case of old and valued officers, I would suggest the institution of a grade of Honorary Consulting Physicians and Surgeons. Stimulated by the prospect of holding these appointments, gentlemen, either from advancing years, or from extensive consulting practice, or from having achieved the object of their ambition, would be induced to retire from the more active duties of the wards and the lecture room, and make room for the junior members of the profession.

There are two ways of getting rid of the year of ineligibility—either to adopt the plan of a *bona-fide* annual election as proposed, or to appoint for a term of years as at present, and at the end of that period to

allow re-election. I give a preference to the former. It is in strict conformity with the Charter, which requires that the Managers "shall annually nominate "and choose a treasurer to the Corporation, and a "clerk thereto, and such other persons as they shall "judge necessary to be employed in the service of the "Corporation." While the annual election would give the medical attendants a sufficient security that, as long as they are efficient in the performance of their duties to the patients and to the students, they may look for re-election, it would enable the Managers to supersede at once any official whose conduct did not meet their approbation. The annual election, I feel satisfied, could not be used as a means of unseating eminent and efficient men. No member of the profession with a proper respect for himself or for the good opinion of his brethren, would make the attempt; and if any one so far forgot himself as to do so, the good feeling and sense of justice of the Managers would undoubtedly resent his conduct.

The appointment for a term of years, on the contrary, would virtually shut up the Managers to retaining the services during that term of every medical officer, whether they wished to do so or not; while there can be no doubt that the evils of the present system would be little if at all lessened, as aspirants would have no delicacy in using every influence in their power, indeed would consider themselves quite entitled, to supersede any medical officer, however eminent, on the ground that he had served his appointed term.

The second proposal is, *that any of the Physicians or Surgeons may give Clinical lectures, subject to such conditions as may, from time to time, be laid down by the Managers.* By the present plan, which is somewhat complicated, the Physician or Surgeon who enters on office in November is almost invariably called upon to lecture in May, and, it may be, again during the more important winter session commencing in November. The Physician or Surgeon has no choice—being obliged to lecture whether he wishes to do so or not. No matter whether he feels it likely to detract

from rather than to add to his reputation, he is called upon, with only a few months' Hospital experience, to instruct a body of intelligent students, who are always very severe critics. It is consistent with my knowledge that this duty is undesired by many of the medical officers, and irksome to them. They would have greatly preferred a few years' Hospital experience, and the quiet tuition of students in the wards, before being asked to give public prelections. Nor is this all. While they are forced into what they feel and know to be a wrong position, both as regards their own reputation and that of our Medical School, their seniors in office—who have had ample experience, who from practice and natural gifts are proficient in teaching, and who, were they permitted to give courses of Clinical instruction without annual interruption, would attract students and add a lustre to our Medical School—are by the present stringent law condemned to unwilling silence. While therefore, on the one hand, students are deprived of the opportunity of receiving their Clinical instruction from the teachers they would prefer, on the other, experienced, popular, and zealous men have the door closed upon them. Why should this be? By adopting the proposal to throw the privilege of lecturing open to all, you would encourage the cultivation of the qualifications for teaching, and ensure to the students Clinical instruction from the most experienced and practical men. Again, there are many members of the medical profession who would make admirable hospital Physicians and Surgeons, who would cure the sick and heal the wounded in the most skilful manner, but who are not gifted to excel as public teachers. Many such gentlemen would most willingly take charge of wards, the more readily that they were to be relieved from the necessity of lecturing.

The impolicy of the present restrictive system becomes more apparent when you consider the immense value of Clinical tuition to a student of medicine. Of all the branches of the comprehensive curriculum of medical education, instruction at the bedside is by far the most important for his practical training. In the Hospital alone can he be taught to apply the scientific and theoretical knowledge he has acquired in the lecture room and labo-

ratory; there only can he gain that practical knowledge which will enable him to treat the sick with success, give confidence at the bedside, and show that he has made disease his study. So important is Clinical instruction now considered, that while the Licensing Boards are rather relaxing in the stringency of their examinations on purely systematic and theoretical knowledge, they are insisting that every candidate for licence be subjected to a rigid practical examination on actual disease. There is no branch of medical tuition which requires so many distinctive mental qualities, and that large and prolonged observation only to be obtained in an hospital, as the guiding and training the minds of medical students in the careful and accurate practical discrimination and treatment of disease. To commit, then, the all-important subject of Clinical teaching to inexperienced and it may be unwilling hands, while others of large experience would willingly undertake the duty, is to inflict a grievous wrong on our medical students; and till this restriction is removed, the Medical School of Glasgow will be prevented from reaching that foremost position to which many concurrent advantages indicate that it ought to attain.

The concluding clause of the proposal, "subject to such conditions as may, from time to time, be laid down by the Managers," requires a word of explanation. The conditions here referred to are such as the following:—The uniform fee to be charged by the lecturers, the mode of collecting these fees, the duration of each course of lectures, the days, the hours, and the places of delivering them.

The third proposal is, *that the ordinary medical staff of the Infirmary shall consist of five Physicians and five Surgeons; that four of the Physicians and four of the Surgeons shall each receive a salary of £50; that the last elected Physician and Surgeon shall not receive any salary.* The present medical staff consists of four Physicians and four Surgeons; the necessity or propriety of the proposed addition to their number depends mainly, but not entirely, on the number of patients which each of them can advantageously attend. The question to be

considered is, to how many patients can an Hospital Physician or Surgeon do justice, in the time which he may reasonably be expected to devote to Hospital duties? The answer to this must to some extent depend on whether or not he is engaged in recognised Clinical teaching.* An Hospital Physician so engaged ought, in my opinion, not to have more than 35 beds, implying on an average about 30 patients. A Surgeon might have 45 beds, with an average of 40 patients. I also think they ought to some limited extent to have a choice of patients. Non-teaching Physicians and Surgeons might have a larger number of beds without any disadvantage either to themselves or the patients. Let us take 1868 as an average year in reference to the number of patients treated in the house. The report for that year is the last which has been printed, and is easy of access to all of you. The number of patients is not likely in future to be less, as in 1869 the increase was 13 per cent. over the number of the previous year. The following table, then, exhibits the number of patients which during 1868 would, on an average, have been under the care of four and of five Physicians and Surgeons, respectively,—

M E D I C A L.

	<i>Four Physicians.</i>	<i>Five Physicians.</i>
Smallest Number,	105, = 26 to each,	= 21 to each.
Greatest “	215, = 54 “	= 43 “
Average “	160, = 40 “	= 32 “

S U R G I C A L.

	<i>Four Surgeons.</i>	<i>Five Surgeons.</i>
Smallest Number,	205, = 51 to each,	= 41 to each.
Greatest “	259, = 65 “	= 52 “
Average “	233, = 58 “	= 47 “

NOTE.—Fever Cases are not included.

These numbers, in my opinion, indicate that there is a clamant call for the proposed addition to the Staff. Though the patients be divided among five, the attendants will each have a sufficient number under their care

* By recognised Clinical teaching is meant such a course as admits to examination for licence to practice.

to ensure what they all desire, "interesting cases;" while, as a rule, if not lecturing, they will be able in an hour to do ample justice to the sick committed to their charge; and this is as long a time as can reasonably be required from an ordinary medical attendant for duty in the Hospital. A much longer time must daily be devoted to Hospital work by Clinical teachers, and Surgeons on operating days. These remarks refer only to duties within the Hospital: every zealous and painstaking medical officer will, as a matter of course, devote much time at home to considering and taking notes of the cases of the patients under his care.

The smallest number of cases generally occur in the autumnal months, the period of the year when the medical attendants are anxious for recreation, when the students as a body are absent, and when systematic instruction is not given. During these months, one Physician or Surgeon might, for a few weeks at a time, take charge of the wards of a colleague as well as of his own.

In appending to this proposal the condition that the last elected Physician and Surgeon should not receive any salary, I was guided by a former rule of the Institution in which a similar regulation obtained, and by the opinion that the Managers might hesitate to sanction any additional expense in the shape of medical salaries. The feeling, however, which seemed to prevail at the opening discussion on this subject, I am glad to say, left a different impression on my mind. The non-medical Managers, with that liberality which for some years has characterised their procedure on all questions where medical or scientific interests are concerned, indicated that if an additional number of attendants would be for the interests of the Institution, the additional honorarium required need not stand in the way. I am therefore quite ready to withdraw this part of the proposal; in fact, I regret having made it.

The fourth proposal is, *that the hour of visit shall be two o'clock.* The present hour is half-past eight in the morning. My reasons for proposing the change are as follows:—The visit at the early hour

necessitates a large number of preliminary arrangements. Many appliances required during the night, but not during the day, have to be removed; the refuse must be cleared away; the wards swept and made orderly; besides, the patients must have breakfasted, and the breakfast utensils and *debris* removed, before the arrival of the medical attendants and students. The carrying out of these indispensable operations will require at least an hour and a-half, more likely two hours, before the visit. Now, it is well known that many patients who pass the fore-part of the night in feverish restlessness are often able to enjoy a tranquil morning's sleep, the soothing influence of which on their maladies must be most beneficial. Of this comfort, this natural medicament, they must be robbed by the bustle and noise necessarily going on in the wards from a very early hour, from the causes just mentioned. Again, in our northern climate, and especially perhaps in our own city, the mornings for several months during the winter session are cold, dark, and gloomy; the visit must be made with artificial light—a disadvantage in examining any patient, and particularly in performing most surgical operations. To any of the medical attendants and to students who are not in the enjoyment of robust health, or who may be suffering from any of those maladies so incident to our climate, which, though not of a serious character, yet require some attention, rest, and avoidance of exposure to inclement weather, attendance at the morning hour must be extremely trying and hurtful. I understand from the officials that the afternoon hour would be equally convenient, perhaps more so, for the domestic arrangements of the establishment.

Another argument for the afternoon visit, to which I attach great weight, is, that it would enable medical men from the country, many of whom have paid for the life privilege of attending the Hospital, to visit it from time to time, to see and hear of the improvements in the treatment of disease and in the progress of science, and to converse with the medical attendants regarding patients they have sent to the Infirmary, and in whose cases they are deeply in-

terested. From these advantages the profession are shut out by the morning visit. As far as I have been able to learn, there is not an Hospital at the seat of a medical school in Britain where the visit is conducted in the morning. In the Continental Hospitals an early visit may be suited to the climate and habits of the people; here it certainly is not. Another point well worthy of note is the great advantage which might be taken of the Dispensary patients for Clinical instruction. The Dispensary hour is two o'clock; if the Hospital visit was at the same hour, many diseases of rare occurrence and of deep interest which are to be seen at the Dispensary, and which under the present system are comparatively lost, might be utilized with much benefit by the Clinical lecturers.

The principal argument adduced in favour of the early hour is its great convenience to the medical attendants. No doubt it enables these gentlemen to get their Hospital duties over, and leaves them the day unbroken for private practice. Their convenience is certainly entitled to great consideration. They perform most arduous and valuable duties to the public, for which the trifling salary they receive can never be named as remuneration, or be looked upon in any other light than as an honorary recognition of the time and skill they devote so disinterestedly to the care of the sick and wounded who resort in such numbers to our noble Charity. Still, as I have said in a former part of this letter, in accepting such important and responsible duties, they ought to arrange that these duties are at least not made subordinate to other occupations. If the balance of advantages is in favour of one hour more than another, they will surely not hesitate to make the effort to accommodate their private to their public duties, even though this may involve a temporary sacrifice to some of them. It is from consideration for their convenience that I have proposed two o'clock, the object being to give them the unbroken day till that hour. Being freed from attendance at the Infirmary in the morning, they will be able the more early to start on their private practice.

The past history of the Hospital bears valuable testimony in favour of the principle on which the most important of these proposals are based. As far as I can discover, there has always been a period of ineligibility, but the duration of the appointments (keeping the formal annual election in view) has at different times been advanced from one to virtually eight years. In fact, the Managers have been gradually receding from the short-sighted policy of allowing only limited and broken periods of service; and the time has surely now arrived for the abrogation of the rule which prohibits the services of your medical officers from being continued without periodic interruption. It is perhaps unnecessary to add that the changes in the medical constitution of our Infirmary which I have been advocating, are directed entirely against the system which has so long prevailed, and that nothing is farther from my intention than in the smallest degree to reflect on the manner in which your medical officers have performed their duties. I can willingly bear testimony, notwithstanding the disadvantages which I have endeavoured to show appertain to the present system, that the professional attainments, the attention to duty, and the ardent desire not to lag behind in scientific knowledge, which our Physicians and Surgeons have at all times shown, have done much for our Infirmary as a Clinical school, and have secured to the patients scientific and skilful treatment of a high order. What I contend for is, that we have not availed ourselves to the full of the unrivalled resources which our Institution affords for elevating the reputation of our important School of Medicine.

With such advantages as we possess in Glasgow, our Medical School ought to be second to none in the teaching of any department of medical science. In some branches it is already eminent; but, explain it as you may, it has never taken its due place in the all-important branch of Clinical tuition. To attain the position which will render our wards pre-eminently attractive to students, the proposed changes are, I consider, indispensably required. Their adoption would be for the benefit of the Infirmary in all its interests, would in a few years greatly

advance the fame of our School of Medicine, and elevate as a body the medical profession in Glasgow.

The views enunciated, I may be allowed to say, are the result of careful observation and reflection, and a deliberate comparison of our system with that pursued at other Hospitals and Schools of Medicine both in this country and on the Continent, and of the effects resulting from each; and being strongly convinced of the correctness of the opinions I have formed on the subject, and of their direct bearing on the true interests of the Infirmary, I have thought it my duty to submit them for your consideration.

I have the honour to be,

MY LORD PROVOST AND GENTLEMEN,

Your very obedient Servant,

J. G. FLEMING.

GLASGOW, *February 1st, 1870.*



